

# **EXHIBIT I**

1 UNITED STATES DISTRICT COURT  
2 DISTRICT OF NEW JERSEY  
3 CASE NO. 2:19-MD-02904-MCA-MAH  
4

5 IN RE: AMERICAN MEDICAL : VIDEOTAPED  
6 COLLECTION AGENCY, INC., DEPOSITION OF:  
7 CUSTOMER DATA SECURITY :  
8 BREACH LITIGATION MICHELENA HARKINS  
9 :

10 This Document Relates To: (VIA ZOOM)  
11 Quest/Optum Track :  
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TRANSCRIPT of the stenographic notes of  
the proceedings in the above-entitled matter, as  
taken remotely by and before SEVA FLICSTEIN,  
Certified Court Reporter (New Jersey License  
No. 30XI000141300, California Certificate  
No. CSR 8727), Registered Merit Reporter,  
Certified Realtime Reporter, witness located in  
Punta Gorda, Florida, on Friday, April 7, 2023,  
commencing at 9:01 in the forenoon Eastern  
Standard Time.

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1 Solutions.

2 I am not related to any parties in  
3 this action or financially interested in the  
4 outcome.

5 If there are any objections to  
6 these proceedings, please state them now.

7 Hearing no objection, counsel will  
8 be noted on the stenographic record.

9 At this time, our court reporter  
10 will swear in our witness, and we can proceed.

11 M I C H E L E N A H A R K I N S,

12 residing at 12466 Gallagher Boulevard,  
13 Port Charlotte, Florida 33981, having  
14 been duly sworn by the Certified Court  
15 Reporter, testifies as follows:

16 -----

17 EXAMINATION

18 -----

19 BY MR. MOORE:

20 Q. Good morning, Ms. Harkins. My  
21 name is Austin Moore. I represent the consumer  
22 plaintiffs in this litigation.

23 Can you state your full name for  
24 the record.

25 A. Yes. It's Michelena Harkins.

1 MS. SULTANIAN: Object to form.

2 A. Less than 5 percent.

3 Q. Why did Quest instruct the  
4 agencies to stop rebilling as a result of the  
5 transition to ICD-10?

6 A. The ICD-10 codes were a longer  
7 character length than ICD-10 [sic] and we were  
8 not doing programming in our system for the  
9 collection agency files to extend that character  
10 length; therefore, the codes would be invalid.

11 Q. So around that time you had a  
12 discussion about why would we send diagnosis  
13 codes at all if none of the agencies are  
14 performing rebilling?

15 MR. HOUSER: Object to form.  
16 Same instruction regarding  
17 attorney-client privilege. To the extent you  
18 can answer without revealing attorney-client  
19 communications, you may do so.

20 A. Yes, that is correct.

21 Q. Who did you discuss that issue  
22 with?

23 MR. HOUSER: Objection to form.

24 A. That would have been discussed  
25 with all of the agencies that performed

1 rebilling for us.

2 Q. Do you recall the form of those  
3 discussions with AMCA specifically?

4 MR. HOUSER: Objection to form.

5 A. That would have been through phone  
6 calls, conversations, and email communications.

7 Q. Who would have been included on  
8 those email communications?

9 MR. HOUSER: Objection to form.

10 A. So for the agencies, it would have  
11 been our client liaison. And then on the Quest  
12 side, I would have either sent the email or Del  
13 Howard.

14 Q. And so for AMCA, the client  
15 liaison was David Ulrich?

16 MS. SULTANIAN: Object to form.

17 A. That is correct.

18 Q. So if there were email  
19 communications between Quest and AMCA discussing  
20 the transfer of diagnosis codes sent, those  
21 emails would have included you and/or Del Howard  
22 and Mr. Ulrich?

23 MR. HOUSER: Objection to form,  
24 mischaracterizes the testimony.

25 A. It would have included at least

1 did anyone else on the call speak up to ask  
2 questions or to push back against your  
3 statement?

4 MR. HOUSER: Objection to form.

5 A. No. IT when you're on a  
6 prioritization call would always ask if there  
7 was a workaround, I guess you could call it, and  
8 they would always ask if it was a  
9 compliance-related issue. So those types of  
10 questions would have been asked at the time.

11 Q. What were your answers to those  
12 types of questions?

13 MR. HOUSER: Objection to form.

14 A. So I would have said that -- just  
15 what I stated earlier, that by continuing to  
16 send the data, it would be invalid.

17 But the workaround in the meantime  
18 would be that the agencies were instructed to  
19 not use those diagnosis codes because they were  
20 invalid, and the agencies had already been  
21 instructed to not rebill on our behalf.

22 Q. What did the prioritization  
23 committee ultimately decide with respect to your  
24 clarity request to stop sending diagnosis codes  
25 to the agencies?